

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|--|---------------------------------------|-------------------|--|---|---|
| NAME OF FILER REPUBLIC SERVICES INC. (FKA ALLIED WASTE NA) AND AFFILIATED ENTITIES | | | Date of This Filing _____ 10/04/2018 | Date Stamp Page 1 of 2 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 482190 | | Report No. _____ 2018 - 12 | | |
| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY PHOENIX | STATE AZ | ZIP CODE 85054 | No. of Pages _____ 2 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

| | |
|---|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|--|--|--------------------------|--|---|---|
| NAME OF FILER REPUBLIC SERVICES INC. (FKA ALLIED WASTE NA) AND AFFILIATED ENTITIES | | | Date of This Filing <u>10/04/2018</u> | Date Stamp Page 2 of 2 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 482190 | | Report No. <u>2018 - 12</u> | | |
| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY PHOENIX | STATE AZ | ZIP CODE 85054 | No. of Pages <u>2</u> | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|--|--|------------------------|-------------------------------------|
| 10/03/2018 | San Diego Co Democratic Party San Diego, CA 92111 ID# 741906 Memo Reference: 1 | | \$1,000.00 | 11/06/2018 |
| 10/03/2018 | Tasha Boerner Horvath for Assembly 2018 Sacramento, CA 95815 ID# 1399301 Memo Reference: 2 | Tasha Boerner Horvath State Assembly District 76 Jurisdiction: State Assembly District | \$2,000.00 | 11/06/2018 |
| | | | | |
| | | | | |

Reason for Amendment: